



Washington State Patrol
Fire Protection Bureau
Phone: (360) 596-3900

Business Name	Courtyard at Colfax, The	Provider Number	1624
Address	300 S MAIN ST ,	Approval Status	Approved
City, State, Zip	Colfax, WA 99111	Facility Type	Residential Care

On 10/28/2019 the Office of the State Fire Marshal conducted an inspection at your facility.

All violations noted during previous related inspection(s) have been corrected.

Owner or Owner's Representative

Kristy Simpson
Signature

Kristy Simpson Office Manager
Print Name and Title

Deputy State Fire Marshal Doug DeGraff
143302 E Law Lane
Kennewick WA 98007
(509) 531-3384

[Signature]
Signature

This document was prepared by Residential Care Services for the Locator website.

Right of appeal. Any person may appeal any decision made by the Fire Protection Bureau in accordance with WAC 212-12.



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Business Name	Courtyard at Colfax, The	Provider Number	1624
Address	300 S MAIN ST ,	Approval Status	Disapproved
City, State, Zip	Colfax, WA 99111	Facility Type	Residential Care

On 09/30/2019 the Office of the State Fire Marshal conducted an inspection at your facility.

Code Requirement	Statement of Violation
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1 NFPA 80 Fire /Smoke Dampers Inspection and Testing

19.4 Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.	There is no documentation of testing of the fire dampers.
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2 NFPA 80 Fire Door Inspection and Testing

<p>5.2.1 Inspection and Testing. Upon completion of the installation, door, shutters, and window assemblies shall be inspected and tested in accordance with 5.2.4.</p> <p>5.2.4 Periodic Inspection and Testing.</p> <p>5.2.4.1 Periodic inspections and testing shall be performed not less than annually.</p> <p>5.2.2.4 A record of all inspections and testing shall be provided that includes, but is not limited to, the following information:</p> <ol style="list-style-type: none"> 1. Date of inspection 2. Name of facility 3. Address of facility 4. Name of person(s) performing inspections and testing 5. Company name and address of inspecting company 6. Signature of inspector of record 7. Individual record of each inspected and tested fire door assembly 8. Opening identifier and location of each inspected and tested fire door assembly 9. Type and description of each inspected and tested fire door assembly 10. Verification of visual inspection and functional operation 11. Listing of deficiencies in accordance with 5.2.3, Section 5.3, and Section 5.4 <p>And the following shall be checked:</p> <ol style="list-style-type: none"> 1. Labels are clearly visible and legible 2. No open holes or breaks exist in surfaces of wither the door or frame 3. Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. 4. The door, frame, hinges, hardware, and non combustible threshold are secured, aligned and in working order with no visible, signs of damage 5. No parts are missing or broken 6. Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7 7. The self-closing device is operational,; that is, the active door completely closes when operated from the full open position 8. If a coordinator is installed, the inactive lead close before the active lead 	<p>The facility has no documentation of annual fire door inspection and maintenance.</p>
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9. Latching hardware operates and secures the door when it is in the closed position 10. Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame 11. No field modification to the door assembly have been performed that void the label. 12. Meeting edge protection, gasketing and edge seals where required, are inspected to verify their presence and intertie 13. Signage affixed to a door meets the requirements listed in 4.1.4	

Next inspection scheduled on or after: 10/30/2019

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Signature

Print Name and Title

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